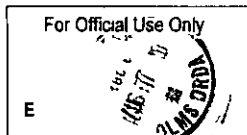


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>8997</u>	2 Fiscal Year Covered From <u>7</u> / <u>1</u> / <u>2004</u> Through <u>6</u> / <u>30</u> / <u>2005</u>
3 Name and address of person filing Name <u>GARY N SWANSON</u> P O Box, Bldg, Room No, if any Street <u>154 HUMBOLDT ST.</u> City <u>ROCHESTER</u> State <u>NEW YORK</u> ZIP Code + 4 <u>14610</u>	4 Name, file number, and address of labor organization Name <u>IRON WORKERS LOCAL 33</u> Labor Organization File Number <u>033-786</u> P O Box, Building and Room Number, if any Street <u>154 HUMBOLDT ST.</u> City <u>ROCHESTER</u> State <u>NEW YORK</u> ZIP Code + 4 <u>14610</u>
5 Position in labor organization <u>BUSINESS MANAGER FINANCIAL SECRETARY TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income  7 b Amount
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### Signature

**15 Signature and verification** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

On

8-10-05

Date

585-288-2630

Telephone Number

Name of Person Filing <u>GARY N. SWANSON</u>	File Number U-
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**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

**8** Name and address of Business (including trade name, if any)

Name IMPACT

Trade Name, if any \_\_\_\_\_

P O Box, Bldg, Room No, if any \_\_\_\_\_

Street 1750 NEW YORK AVE. NW LOBBY

City WASHINGTON

State DISTRICT OF COLUMBIA ZIP Code + 4 20006

**9** Business deals with

- ☒ a Labor Organization
- ☐ b Trust
- ☐ c Employer

**10** If 9 b or 9 c is checked give trust or employer's name

Name \_\_\_\_\_

Trade Name, if any \_\_\_\_\_

P O Box, Bldg, Room No, if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

**11 a** Nature of such dealing

RECEIVES CONTRIBUTIONS FROM EMPLOYERS WHO HAVE COLLECTIVE BARGAINING CONTRACTS WITH LOCAL UNIONS \$4,514,541  
IMPACT LEASES OFFICE SPACE + EMPLOYERS FROM IRON WORKERS \$1,057,284

**11 b** Approximate dollar value of such dealing

\$5,576,825

**12 a** Nature of interest held or income received

6/2/04 ATLANTIC CITY REGIONAL ADVISORY BOARD. FOOD + BEVERAGE

**12 b** Amount

\$99

**C** Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

**13 a** Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name \_\_\_\_\_

Trade Name, if any \_\_\_\_\_

P O Box, Bldg, Room No, if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

**14 a** Nature of payment

**13 b** Is the Business an Employer ☐ or Consultant ☐ ?

**14 b** Amount of payment

GARY N. SWANSON

END DATE: 6/30/2005

ATTACHMENT 1

8. IRONWORKERS DISTRICT COUNCIL  
PENSION FUND

3445 WINTON PLACE, SUITE 110  
ROCHESTER, NY 14623

9. b-TRUST ☒

11a. RECEIVES CONTRIBUTIONS FROM EMPLOYERS THAT  
HAVE COLLECTIVE BARGAINING AGREEMENTS WITH  
LOCAL UNIONS, FOR THE PENSION FUND.

11.b \$4,410,000

12a ATTENDED NCCMP EDUCATIONAL CONFERENCE.

REGISTRATION FEE - \$800, AIRFARE, HOTEL, AUTO, DAILY EXPENSES - \$1,524.29

12b. \$2,324.29